

**CLAIMS ONLY**

Application Number

**10709946**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1	I						51		
2	I						52		
3	I						53		
4	I						54		
5	I						55		
6	I						56		
7	I						57		
8	I						58		
9	I						59		
10	I						60		
11	I						61		
12	I						62		
13	I						63		
14	I						64		
15	I						65		
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17							67		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	2						Total Indep		
Total Depend	14						Total Depend		
Total Claims	16						Total Claims		